

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER York Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7101 Old York Road Philadelphia, PA 19126	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>06525</p> <p>Based on interviews with staff, reviews of clinical records, policies and procedures and review of the office of Long-Term Living Bulletin, it was determined that the facility failed to conduct an accurate Pennsylvania Preadmission Screening Review for one of four residents. (Resident R94)</p> <p>Findings include:</p> <p>A review of the facility policy and procedure titled Pre-Admission Screening and Resident Review Program dated April 1, 2022 revealed that it was the responsibility of the facility to assure that all residents admitted to the facility receive a screening and review in accordance with State and Federal Regulations.</p> <p>Reviews of the office of Long- Term Living Bulletin revealed that the Pennsylvania Department of Human Services had a revised form (PASRR level 1) dated March 1, 2024. The form indicated the facility was responsible for adding a list of mental health diagnoses to the preadmission screening form for each resident, if applicable.</p> <p>Clinical record review for Resident R94 revealed the the Pennsylvania Preadmission Screening Review (PASRR) form for this resident was not accurately documented or completed. The resident had a diagnosis of mild or major neurocognitive disorder. The screening form lacked accurate documentation about the mental health diagnoses for Resident R94. The screening form failed to include: Schizophrenia, Dementia with Behavioral Disturbances and Anxiety Disorder for Resident R94. The screening form also failed to include the diagnosis of substance use disorder(alcohol).</p> <p>Interview with the Social Services, Employee E11, at 1:00p.m., on April 18, 2024 confirmed the lack of accuracy and completed documentation for the Pennsylvania preadmission screening form (PASRR level 1) for Resident R94.</p> <p>28 PA. Code 211.5(f)(iv)(vii) Medical records</p> <p>28 PA. Code 201.14(a) Responsibility of license</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46508</p> <p>Based on review of facility policy, review clinical records and interview with staff, it was determined that the facility failed to ensure that resident received medication in accordance with physician orders for one of 35 residents reviewed. (Resident R49)</p> <p>Findings include:</p> <p>Review Facility Policy on Administering Medications dated April 1, 2022, revealed that under section Policy: Medications shall be administered in a safe and timely manner and as prescribed. Under section Protocol #2. The Director of Nursing Services will supervise and direct all nursing personnel who administer medications and or have related functions. #3 Medications must be administered in accordance with orders, including any required time frame. #4 If a dosage is believed to be inappropriate or excessive for a resident or a medication, has been identified as having potential adverse consequences for the resident, or is suspected of being associated with adverse consequences, the person preparing or administering the medication shall contact the resident's attending physician or medical director to discuss concerns. #8 Medications may not be prepared in advance and must be administered within one hour of their prescribed time unless otherwise specified, for example, before and after meals. #15 If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document in the electronic health record, per protocol.</p> <p>Review of Resident R49's clinical record revealed that Resident 49 had diagnoses of hypertension (high blood pressure), and Lymphedema (swelling of the legs or arms).</p> <p>Review of Resident R49's physician orders revealed, an order dated April 26, 2022, for Amlodipine Besylate Tablet 10 milligrams give 1 tablet by mouth one time a day for HTN (Hypertension-High blood pressure).</p> <p>Review of Resident R49's April 2024 Medication Administration Record (MAR) revealed an entry for Amlodipine Besylate Tablet 10 milligrams (mg) give 1 tablet by mouth one time a day for HTN -Start Date of April 27, 2022. Further the Amlodipine was signed and coded 9 for April 17, 2024, at 9:00 a.m. Review of MAR chart code revealed that 9 was the code for other/see progress note. Review of nurses notes revealed that the medication Amlodipine 10 mg was not available for administration to Resident R49.</p> <p>Medication administration observation conducted on April 17, 2024, at 8:49 a.m. with Licensed Nurse, Employee E9 revealed that during the medication administration of Resident R49's morning medications, Employee E9 could not find Resident R49's blister pack for Amlodipine Besylate Tablet 10 mg.</p> <p>Interview with Licensed Nurse, Employee E9 at the time of the observation confirmed that the blister pack for the Amlodipine Besylate Tablet 10 mg was not in the medication cart. Further, Employee Employee E9, revealed that there were two tablets left from yesterday and that she ordered the Amlodipine on April 14, 2024, but did not come yet.</p> <p>Further review of Resident's clinical record revealed no documented evidence that Amlodipine was administered to the resident according to physician's order.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with ADON (Assistant Director of Nursing) Employee E4 conducted on April 18, 2024, at 10:01 am revealed that the facility had a supply of Amlodipine in their Pyxis (secure automatic medication system). Observation of the Pyxis machine on the second floor conducted on April 18, 2024, at 10:15 together with Employee E4 revealed that Amlodipine 5 mg tablets were in the Pyxis. Further Employee E4 revealed that Licensed Nurse, Employee E9 did not know that Amlodipine was available in the Pyxis machine.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.12(c)Nursing services</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on observation, clinical record review, and reviews of policies and procedures, it was determined that the failed to ensure that devices to promote healing of pressure ulcers were implemented for one of two residents reviewed. (Resident R93)</p> <p>Findings include:</p> <p>Review of the facility policy titled wound prevention dated April 1, 2022, revealed that all residents would have pressure relief implemented daily. The residents were to have a pressure redistribution mattress, mobility as tolerated, positioning and repositioning devices and supports, keep the sheets dry and stretch to avoid wrinkles and wheelchair cushions as needed.</p> <p>Clinical record review revealed a quarterly assessment (MDS-an assessment of care needs) dated February 20, 2024, indicated Resident R93 was admitted to the facility on [DATE]. The assessment also revealed that Resident R93 was cognitively impaired and with a diagnosis of Huntington's disease (an incurable neurodegenerative disease, caused by a gene defect). This assessment indicated that Resident R93 was at risk for developing pressure ulcers.</p> <p>Clinical record review revealed a physical therapy evaluation dated April 10, 2024 that indicated to relieve pressure, heal existing wounds and decrease the risk of further skin breakdown, Resident R93 was to wear orthotic knee wedge with a towel for the right lower extremity underneath the knee daily. The physical therapy assessment also indicated that heel relief positioning boots were to be worn bilaterally to promote wound healing and prevent further pressure ulcer development.</p> <p>Observation of Resident R93 in the presence of the licensed practical nurse, Employee E14, at 10:30 a.m., on April 17, 2024 revealed that the orthotic knee wedge cushion with a towel was not available for use for this resident. Observations at 10:30 a.m., with licensed practical nurse, Employee E14 revealed that the heel relief positioning boots were also not available for use for Resident R93.</p> <p>28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>06525</p> <p>Based on clinical record reviews, interviews with residents and staff and policy and procedure review, it was determined that the facility failed to ensure that each resident maintained acceptable parameters of nutritional status for usual body weight, laboratory values and nutritional assessment for one of five residents reviewed. (Resident R5)</p> <p>Findings include:</p> <p>Reviews of the facility policy titled weight assessment and intervention dated February 15, 2022 revealed that the nursing staff and the dietitian were responsible for assessment, prevention and monitoring of residents to prevent undesirable weight loss. If a significant weight loss occurs the dietitian with the interdisciplinary team will develop a care plan to meet the nutritional needs of the resident.</p> <p>Clinical record review revealed weights recorded for Resident R5 as follows: April, 2024 a weight of 182 pounds, March, 2024 a weight of 201 pounds, February, 2024 a weight of 198 pounds, January, 2024 197 pounds. The resident was recorded as 64 inches in height. The weights revealed a significant weight of 7.5% over three months and a continuous weight loss over 4 months.</p> <p>Clinical record review revealed a quarterly assessment (MDS-an assessment of care needs) dated April 5, 2024 that indicated that Resident R5 had modified independence with cognitive abilities. The assessment also indicated that this resident had diagnoses of diabetes mellitus (a metabolic disorder in which the body has high blood glucose levels for prolonged periods of time) and renal failure. Laboratory values for April 4, 2024 indicated that Resident R5 had a low albumin (body protein stores) level.</p> <p>Clinical record progress notes by the Registered Dietitian for April 16, 2024 indicated that the resident was receiving hemodialysis (a machine that filters wastes, salts and fluids from the blood when the kidneys are no longer healthy enough to do this work adequately) treatments three times a week. The dietitian indicated that the resident was to continue with an evening snack daily of vanilla pudding and assorted snacks to prevent further weight loss. The nutritional care plan dated March, 2024 through July, 2024 for Resident R5 was to provide an evening snack daily to prevent significant weight loss.</p> <p>A review of the nursing documentation for snack delivery and administration to Resident R5 for March 18, 2024 through April 18, 2024 revealed that the nursing staff were not consistently documenting the acceptance and administration of an evening snack daily as care planned for Resident R5.</p> <p>Interview with Resident R5 at 10:00 a.m., on April 16, 2024 revealed that this resident was not receiving a snack daily during the day, evening or night. The resident reported that she would like to get snacks during the evening.</p> <p>Interview with the Registered Dietitian, Employee E10 and licensed practical nurse, Employee E14 at 10:00 a.m., on April 18, 2024 confirmed that there was no documentation to indicated that Resident R5 was receiving snacks for the evening or daytime during the months of March or April, 2024.</p> <p>(continued on next page)</p>		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(3) Nursing services 28 Pa. Code 211.10(c) Resident care policies

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based upon observation, interviews with staff, review of clinical records and facility policy, it was determined that the facility did not ensure residents who needed respiratory care related to supplemental oxygen was provided care by failing to follow physician orders for two of 35 resident records reviewed (Resident R21 and R107).</p> <p>Findings included:</p> <p>Review of facility policy on oxygen administration with review/update date of 2016 revealed that under section Purpose: To facilitate breathing by providing supplemental oxygen to residents. Under section Procedure: #1. Review physician's orders, #5. Turn oxygen on the prescribed amount. Test the oxygen that it is coming out of the mask or cannula.</p> <p>Review of Resident R107's clinical record revealed that the resident was admitted to the facility on [DATE], with the diagnosis of Chronic Obstructive Pulmonary disease (lung disease) and was dependent on supplemental oxygen.</p> <p>Review of Resident R107 physician orders dated, January 2, 2024, instructed to use 2 liters of oxygen/ per minute via nasal canula (a device that provides supplemental oxygen therapy).</p> <p>Observation of Resident R107 on, April 15, 2024, at approximately 2:00 p.m., it was confirmed with the Director of Nursing, physician orders were not followed, and the resident was receiving more than double the amount of oxygen, at 4.5 liters/per minute.</p> <p>Review of Resident R21's care plan revealed a care plan for oxygen therapy related to CHF (congested heart failure), with goals as follows: The resident will have no signs and symptoms of poor oxygen absorption through the review date. Interventions as follows: #1. Monitor for signs and symptoms of respiratory distress and report to MD (physician) as needed if increased heart rate (Tachycardia), Restlessness, Diaphoresis, Headaches, Lethargy, Confusion, Atelectasis, Hemoptysis, Cough, Pleuritic pain, Accessory muscle usage, Skin color, #2 OXYGEN SETTINGS: O2 via (nasal prongs) @ 4 liters per minute, or as otherwise specified (CONTINUOUSLY).</p> <p>Observation conducted on April 15, 2024, at 12:17 p.m. revealed that Resident R21 was on oxygen concentrator via nasal canula at 2.5 liters.</p> <p>Review of Resident R21's physician's orders revealed an order for oxygen at 4 liters/Min via NC -may titrate up to 10 liters to maintain SAT 88-92% every 4 hours as needed for O2 (oxygen) less than 92% dated August 28, 2023.</p> <p>Follow-up observation conducted on April 16, 2024, at 11:10 a.m. revealed that Resident R21 was on oxygen concentrator at 3.25 liters/minute.</p> <p>Review of physician order dated April 15, 2024, revealed an order for oxygen at 4L/Min via nasal canula -may titrate up to 10 L to maintain SAT 88-92%.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed Nurse, Employee E9 confirmed that Resident R21's oxygen was at 3.25 Liters/minute.</p> <p>Further, Employee E9 adjusted Resident R21's Oxygen level to 4 liters/minute. Further, Employee E9 also revealed that the concentrator knob doesn't go past 4 liters.</p> <p>Observation of Resident R21's immediate vicinity of her bed revealed that there was no oxygen tank that can be used in the event of a need to titrate Resident R21's oxygen at more than 4 liters/minute.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46508</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure timely delivery of medications for one of 35 residents reviewed. (Resident R49)</p> <p>Findings include:</p> <p>Review of Resident R49's clinical record revealed that Resident 49 had diagnoses of hypertension (high blood pressure), and Lymphedema (swelling of the legs or arms).</p> <p>Review of Resident R49's physician orders revealed, and order dated April 26, 2022, for Amlodipine Besylate Tablet 10 milligrams give 1 tablet by mouth one time a day for HTN (Hypertension-High blood pressure).</p> <p>Review of Resident R49's April 2024 Medication Administration Record (MAR) revealed an entry for Amlodipine Besylate Tablet 10 milligrams (mg) give 1 tablet by mouth one time a day for HTN -Start Date of April 27, 2022. Further the Amlodipine was signed and coded 9 for April 17, 2024, at 9:00 a.m. Review of MAR chart code revealed that 9 was the code for other/see progress note. Review of nurses notes revealed that the medication Amlodipine 10 mg was not available for administration to Resident R49.</p> <p>Medication administration observation conducted on April 17, 2024, at 8:49 a.m. with Licensed Nurse, Employee E9 revealed that during the medication administration of Resident R49's morning medications, Employee E9 could not find Resident R49's blister pack for Amlodipine Besylate Tablet 10 mg.</p> <p>Interview with Licensed Nurse, Employee E9 at the time of the observation confirmed that the blister pack for the Amlodipine Besylate Tablet 10 mg was not in the medication cart. Further, Employee E9 revealed that there were two tablets left from yesterday and that she ordered the amlodipine on April 14, 2024, but did not come yet.</p> <p>Employee E9 reviewed Resident R49's medication refill request, which revealed that a request for a refill for Resident R49's amlodipine was entered on April 14, 2024. Further review of Resident R49's medication refill request, revealed that Resident R49's Amlodipine 10mg has not yet been delivered as of April 17, 2024.</p> <p>Follow-up interview with Employee E9 regarding Resident R49's missed dose of Amlodipine 10mg conducted on April 18, 2024, at 9:49 am revealed that Resident R49's Amlodipine 10mg has not been delivered as of April 18, 2024. Employee E9 stated that she will call the pharmacy again.</p> <p>28 Pa Code 211.1o (d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3) Nursing services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46508</p> <p>Based on observation, staff interview and review facility policy, it was determined that the facility failed to ensure that all drugs and biologicals used in the facility were stored in accordance with professional standards for one of two medication rooms observed.</p> <p>Findings include:</p> <p>Review of facility policy for controlled substance log dated April 24, 2023, revealed that under section policy . shall comply with all laws, regulations and other requirements related to receiving, handling, storage, disposal and documentation of Schedule 2 and other controlled substances. Under section Guidelines Storage and Maintenance of Controlled Drugs. #7 Maintain controlled drugs in a double locked box slash cabinet separate from other medications.</p> <p>Observation of the first floor medication room on April 17, 2024 at 9:27a.m. with Director of Nursing, Employee E2 revealed that an unopened vial of 5 ml Lorazepam Intensol 2mg/ml oral concentrate, for Resident R471. The vial was in the refrigerator but was not inside the locked box that was permanently affixed to the refrigerator. The 5 ml vial of Lorazepam Intensol 2 ml was stored together with medications that are not schedule II to IV medications (control substances)</p> <p>Interview with the Director of Nursing, Employee E2 confirmed that the 5 ml vial of Lorazepam Intensol 2ml was stored outside of the permanently affixed locked box, together with medications that are not schedule II to IV medications.</p> <p>28 Pa. 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106</p> <p>Based on the review of facility documents and resident clinical record and staff interviews, it was determined that the facility failed to ensure a resident had the capacity to understand the terms of a binding arbitration agreement for two of three residents reviewed (Resident R153 and R148).</p> <p>Findings Include:</p> <p>Review of Resident R153's admission Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 5, 2023, revealed the resident was admitted to the facility on [DATE], and had a diagnosis of schizophrenia, major depressive disorder, unspecified dementia, without behavioral disturbance psychotic disturbance, and mood disturbance and anxiety.</p> <p>Review of Resident R148's admission Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated February 27, 2024, revealed the resident was admitted to the facility on [DATE], and had a diagnosis of bipolar disorder, delusional disorders, and unspecified dementia.</p> <p>Further review of the MDS, Section C - Cognitive Patterns (items in this section are intended to determine the resident's attention, orientation, and ability to register and recall new information - these items are crucial factors in many care-planning decisions), indicated that Resident R153 scored a 2 on the Brief Interview for Mental Status (BIMS), and Resident R148 scored a 6 on the Brief Interview for Mental Status (BIMS), which indicated the residents had severe cognitive impairment.</p> <p>Review of Resident R148 's Binding Arbitration Agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) indicated the resident signed the document on February 21, 2022. Further review of the Binding Arbitration Agreement revealed it was also signed by Admission, Employee 5.</p> <p>Review of Resident R153's Binding Arbitration Agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) indicated the resident signed the document on May 18, 2021.</p> <p>Interview on April 18, 2024, at 9:30 a.m. with Admissions, Employee E5 and Nursing Home Administrator (NHA), Employee E1 asked for residents who are severely cognitively impaired, how are you able to determine that they able to understand and appropriately sign the agreement? They were unable to explain and had no process in place, to determine if the residents were able to understand and appropriately sign the agreement.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow up interview on April 18, 2024, at 10:08 am with Admission, Employee E5 and NHA, Employee 1 revealed that the facility used a sign system, and arbitration was a required document for all residents to sign the agreement. Facility identified issue and changed software used to sign document. Facility did not go back & allow residents to rescind the document.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p>		